

10/511315

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4	2		1			
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TOTAL IND.	↓		3	↓		↓
TOTAL DEP.			28			↓
TOTAL CLAIMS			31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.						↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS